V.I. EMPLOYMENT SECURITY AGENCY UNEMPLOYMENT INSURANCE SERVICE 53A-54A & B KRONPRINDSENS GADE ST. THOMAS, U.S.V.I. 00801

## SLIT TAB TO OPEN

DO NOT SEPARATE THIS REPORT until completed

Turn to back of pink copy for instructions

OFFICIAL BUSINESS

## **EMPLOYER'S QUARTERLY WAGE and CONTRIBUTION REPORT**

(PLEASE TYPE OR PRINT WITH BALL POINT PEN)			For Quarter Ending:				Your Tax Rate:					
			Г	Delinquent After:					Taxable Wage Base:			
FOR YOUR PROTECTION * show below any change in name, address location or ownership.  Name change to:  Mailing address changed to:  Ownership changed to:					MAIL TO:							
			DO NOT USE									
Have operations ceased?	Yes □ No											
If yes, effective date:			•							_		
• '			1									
TO AVOID PENALTY and INTERES												
Your Federal I.D. number is												
if incorrect or blank, enter of	correct number:			_								
1.EMPLOYEE'S SOCIAL	2.EMPLOYEE'S NAME	3. TOTAL WAGES	4. TAXABLE WAGES	5. COMPLETE TH	IIS SECTION FOR EACH CALENDA	AR QUARTER						
SECURITY NUMBER		PAID	PAID	A. JC	OB TITLE	B.	C.	D.	E.	F.	G.	
						REGULAR		HOURS			APPROX.	
	FIRST LAST	DOLLARS CENTS	DOLLARS CENTS			PAY RATE	PER	WORKED	CITIZENSHIP	SEX	AGE	
										4	4	
										4		
										1	_	
										<del>                                     </del>	+	
										1	+	
											1	
					16. NUMBER OF PAGES							
NOTE: If you had more than 15 employees in this				15. PAGE	17. CHECK IF	DE.		18. TOTAL NUMBER OF EMPLOYEES				
quarter, attach continuation form VIUIS-2A  6 WAGE TOTAL FOR THIS PAGE  6A&6B  \$		\$ -	\$ -	NUMBER	IN THIS REPORT COMPUTER TAPE SUBMITTED		PE	LISTED ON PAYROLL				
,		\$ -	\$ -	19. NUMBER OF EMPLOYEES ON PAYROLL DURING THE PAY PERIOD								
8 CONTRIBUTION DUE (7B. X your tax rate)		_	- INCLUDING THE 12TH OF EACH MONTH OF THIS QUARTER									
9 INTEREST DUE (Payable by separate check)			Ψ	FIRST	QUARTER	THIRD						
10 PENALTY DUE (Payable by separate check)				MONTH	SECOND			MONTH				
11 DEBIT OWED (Attach memorandum)				20. DID YOU HAVE EMPLOYEES AT MORE THAN ONE ESTABLISHMENT								
12 AMOUNT DUE (Add items 8, 9, 10 and 11)		\$ -										
13 LESS CREDIT (Attach memorandum)		*	21. THIS REPORT MUST BE SIGNED AND DATED									
14 NET REMITTANCE DUE			\$ -	I certify that all information contained in this								
		-	<u> </u>		true and correct.	- <del>-</del>	Date					
MAIL REPORT and CHECK to:				NAME: submitted:								
V.I. EMPLOYMENT SECURITY AGENCY				TITLE: PHONE:								
P. O. BOX 303159				SIGNATURE:								
ST. THOMAS, U.S.V.I. OO803	3										_	

**CHECK YOUR NEW TAX RATE** 

When completed, remove pink copy for your records and

RETURN WHITE and YELLOW COPIES TO AGENCY

TEAR ---OFF

(340)776-3700

## INSTRUCTIONS FOR COMPLETING QUARTERLY WAGE AND CONTRIBUTION REPORT FORMS

Note:	All employers subject to the Virgin Islands Unemployment Insurance Act are required to complete this report and return it with remittance due on or before
Note.	the last of the month following the close of the pertinent calendar quarter.
	The report must be filed even if no remittance is due. If you had employees during the quarter, write "No Employees" and provide an explanation such as
	"Closed Temporarily" or "Out of Business". Failure to file report will result in a penalty charge.
	If you have been assigned more than one account number by the V.I. Unemployment Insurance Service, do not combine reports. File separately for each
	account number.
For Your Protection:	If you have sold or dissolved your business or changed business addresses during the quarter, complete the NOTICE OF CHANGE in the upper left section of this report.
Items 1,2,3	Enter for each employee, his or her Social Security Number, name and total wages paid during the quarter. "Total Wages" must include commissions, bonuses,
, ,	special cash payments and gratuities if reported to the employer by the employee. Wages paid for casual labor are taxable under the V.I. Code, Title 24. DO NOT include wage adjustments for a previous quarter. If adjustments are required, please contact the Agency.
Item 4:	Enter taxable wages paid to each employee during the quarter. This is the same as the amount in Item 3 until the taxable wage limit has been
	reported for the calendar year for each employee. (See top right of form for pre-printed taxable wage base).
Item 5-A:	Enter specific job title (e.g., security guard; hotel clerk; tax attorney; etc.)
Item 5-B:	Enter regular rate of pay, exclusive of overtime.
Item 5-C:	Enter one of the following code numbers: (1) per hour; (2) per week; (3) bi-weekly; (4) semi-monthly; (5) per month; (6) per year.
Item 5-D:	Enter total hours worked for which pay was received during the quarter.
Item 5-E:	Enter one of the following code numbers: (1) U.S. Citizen; (2) Noncitizen with Permanent Residence I.D. Card issued by U.S.I.N.S.; (3) Alien holding
	temporary or indefinite work permit.
Item 5-F:	Enter (1) for male or (2) for female.
Item 5-G:	Enter approximate age.
Item 6-A	Enter the Sum of Total Wages paid during the quarter to all employees listed on this page.
Item 6-B	Enter the Sum of Taxable Wages paid during the quarter to all employees listed on this page.
7-A & 7-B	Totals of Total Wages must be shown for each page of payroll. CAUTION: If a substitute form is issued, list information in the same order as it appears on the report (VIUIS -2). ENTER YOUR NAME AND V.I.U.I. ACCOUNT NUMBER on each page of the payroll report.
Item 8	Multiply taxable wages (Item 7-B) by your contribution rate shown at the top right of the report.
Item 9	Enter late payment interest of 0.75% per month
Item 10	Enter penalty of \$5 per month, up to \$60 per year if the report is files after DUE DATE.
Item 11	Enter amount shown on any Debit Memorandum received for underpayments in earlier quarters and not paid by the date of this filing. Add interest if payment is made 30 days later than the month of the Debit Memorandum. (Attach Copy of Debit Memorandum.)
Item 12	Enter Sum of Items 8 through 11.
Item 13	Enter amount shown on any Credit Memorandum received for overpayment for which you have not taken credit at the date of filing this report. (Attach Copy of Credit Memorandum.)
Item 14	Enter amount due for the quarter. (Item 12 minus Item 13) MAKE CHECK PAYABLE TO: EMPLOYMENT SECURITY AGENCY. WRITE YOUR V.I.U.I. EMPLOYER ACCOUNT NUMBER ON YOUR CHECK.
Item 15	Enter Page number.
Item 16	Enter number of payroll pages submitted in this report.
Item 17	Check if data is transmitted on computer tape.
Item 18	Enter the total number of employees listed on all pages of this report.
Item 19	Enter the number of full and part-time employees who worked or received pay for any part of the pay period which included the 12th of the month.
Item 20	If Yes, you are REQUIRED to complete the MULTI-ESTABLISHMENT REPORT, VIUIS-2-B.
Item 21	Signature and date of completion.